

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90427 006 \*\*\*150.00

**DOCUMENT # S78480**

1. Entity Name

**FUNKHOUSER'S STRIPING SERVICE, INC.**

Principal Place of Business

**8238 US HWY 98, N.  
 LAKELAND FL 33809-5326  
 US**

Mailing Address

**P.O. BOX 90193  
 LAKELAND FL 33809-5326  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3094198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEVIN P. WILSON OR Annette D. Wilson  
 8238 US HWY. 98, N. 8350 HWY 33 NORTH  
 LAKELAND FL 33809 LAKELAND, FL 33809**

Name **Kevin Pol Annette D. Wilson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8350 Highway 33 North**  
 City **LAKELAND** FL Zip Code **33809**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD KEVIN P. WILSON**  
 STREET ADDRESS **8238 US HWY 98, N**  
 CITY-ST-ZIP **LAKELAND FL 33809-5326**

TITLE ☒ Change ☐ Addition  
 NAME ~~Kevin OR Annette Wilson~~  
 STREET ADDRESS **8350 HWY 33 NORTH**  
 CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Delete  
 NAME **STD ANNETTE D. WILSON**  
 STREET ADDRESS **8238 US HWY 98 N.**  
 CITY-ST-ZIP **LAKELAND FL 33809-5326**

TITLE ☒ Change ☐ Addition  
 NAME **8350 HWY 33 NORTH**  
 STREET ADDRESS **LAKELAND, FL 33809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)